

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: LIPOXIN A<sub>4</sub> ANALOGS

Attorney Docket Number:: 140140.401C1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	G
Family Name::	Bauman
Name Suffix::	
City of Residence::	El Sobrante
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	5466 Deer Run Drive
City of mailing address::	El Sobrante
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94803

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	William
Middle Name::	J
Family Name::	Guilford
Name Suffix::	
City of Residence::	Belmont
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1881 Robin Whipple Way
City of mailing address::	Belmont
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94002

### Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	John
Middle Name::	F
Family Name::	Parkinson
Name Suffix::	
City of Residence::	Martinez
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	6727 Waverly Road
City of mailing address::	Martinez
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94553

**Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Werner
Middle Name::	
Family Name::	Skuballa
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Mattersburger Weg 12
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-13465

**Fifth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Babu
Middle Name::	
Family Name::	Subramanyam
Name Suffix::	
City of Residence::	Benicia
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	497 McCall Drive
City of mailing address::	Benicia
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94510

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/279,084	10/22/02
10/279,084	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/338,684	11/06/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Schering Aktiengesellschaft
Street of mailing address::	
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	